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CONFIRMATION NO. 5393

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APPLICANTS

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** CONTINUING DATA **********

NDN 2

** FOREIGN APPLICATIONS **********

NDN 2

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
** 01/21/2004

Foreign Priority claimed	STATE OR	SHEETS	TOTAL	INDEPENDENT
☐ yes ☒ no	COUNTRY	DRAWING	CLAIMS	CLAIMS
35 USC 119 (a-d) conditions met ☐ yes ☐ no ☐ Met after Allowance	IL	5	49	6
Verified and Acknowledged Examiner's Signature Initials				

ADDRESS
29200
BAXTER HEALTHCARE CORPORATION
1 BAXTER PARKWAY
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DEERFIELD , IL
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TITLE
Medical fluid therapy flow balancing and synchronization system

FILING FEE	FEES: Authority has been given in Paper	☐ All Fees
RECEIVED 1680	No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	☐ 1.16 Fees (Filing) ☐ 1.17 Fees (Processing Ext. of time) ☐ 1.18 Fees (Issue)